

Vermont Mental Health Performance Indicator Project
Agency of Human Services, Department of Health, Division of Mental Health
108 Cherry Street, Burlington, Vermont 05401

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Joan Mongeon

DATE: September 16, 2005

RE: Use of Children's Services by students with an Emotional/Behavioral Disability

The attached graphs and table provide an overview of the size of Vermont's special education caseload for Emotional/Behavioral Disabilities (EBD) and the rate at which these students access Children's Services programs at community mental health centers in Vermont.

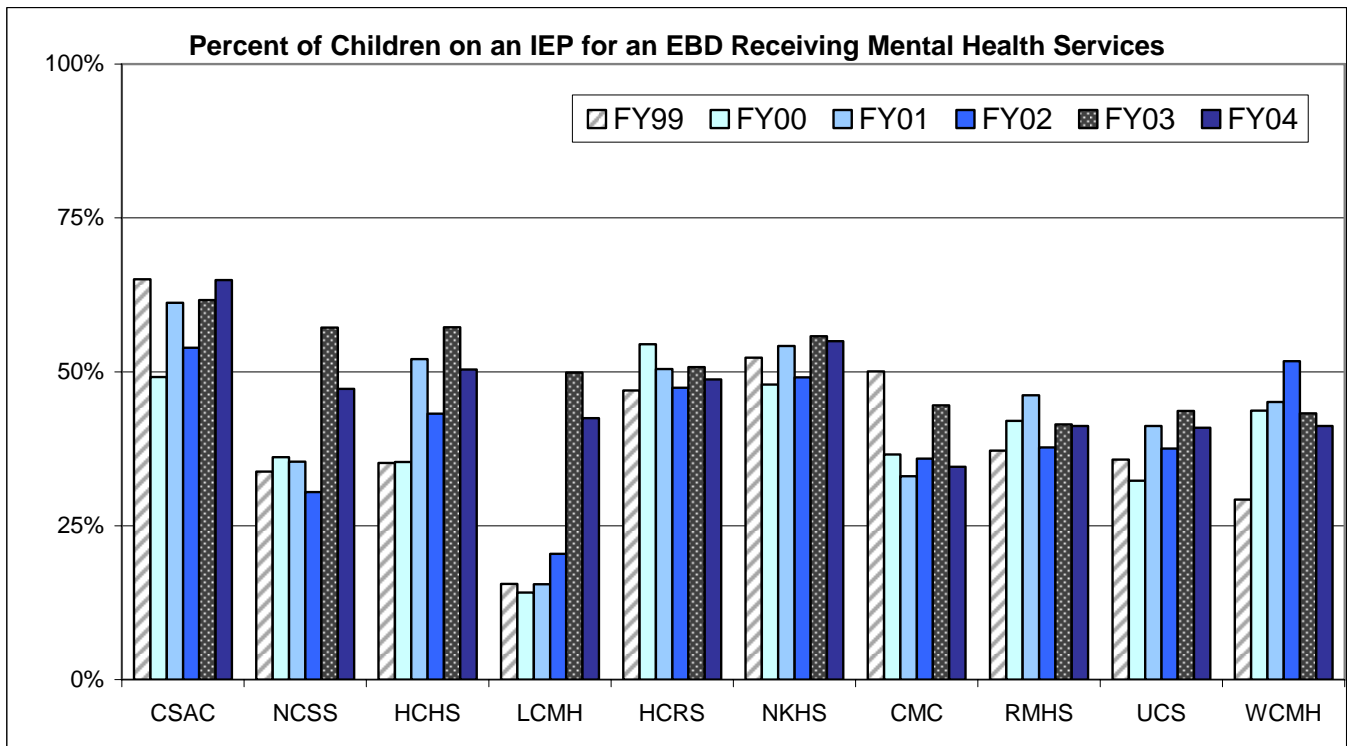
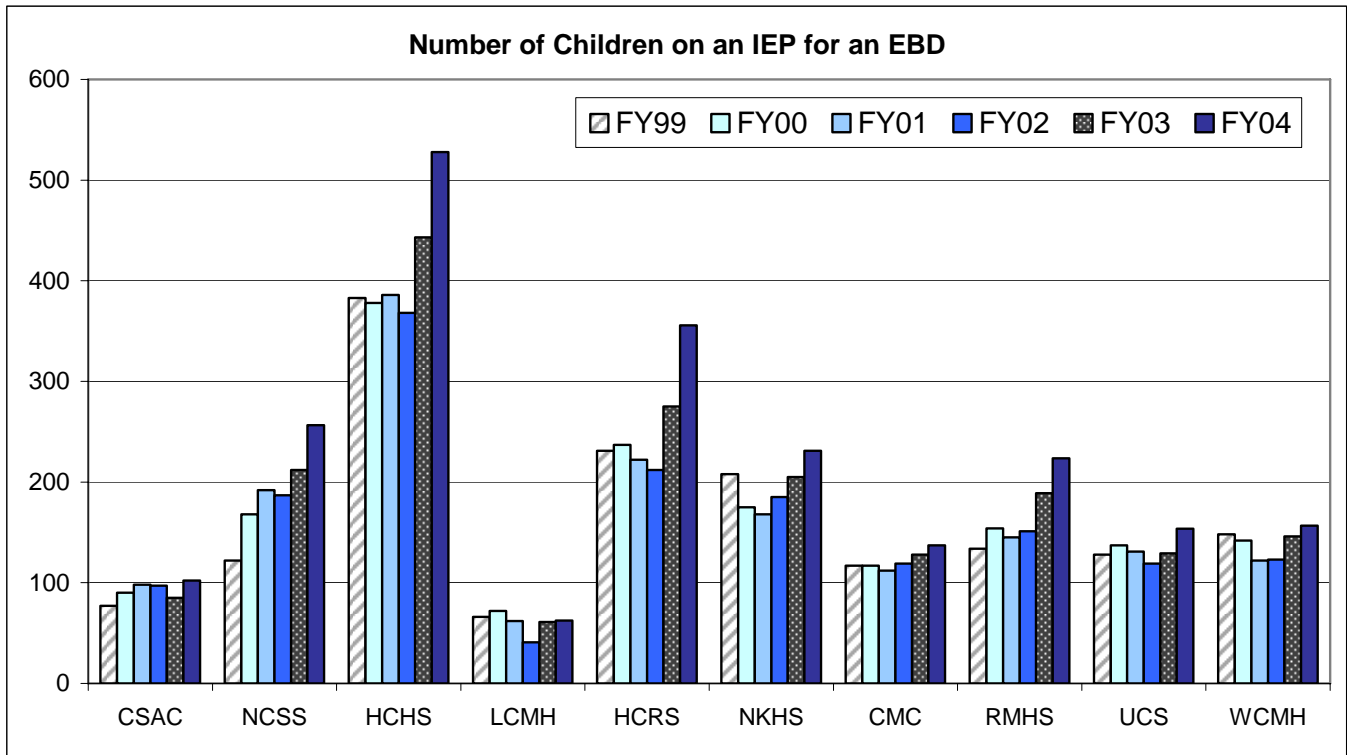
Data regarding Vermont's special education caseload that was used in this analysis were obtained from the Department of Education annual "Kids Count" census of all students on an Individualized Educational Plan (IEP) on December 1 of each year from FY1999 through FY2004. Special education eligibility criteria for EBD are presented below. Data regarding Vermont's Children's Services caseloads were obtained from the Monthly Service Report (MSR) data files provided to DMH by designated community service providers. All analyses focus on young people less than 18 years of age. Because these data sets did not include unique person identifiers, unduplicated counts of young people on both special education and community mental health caseloads were determined using Probabilistic Population Estimation.

As you will see, there was a substantial increase in the number of children and adolescents with an IEP for EBD during the period covered by this report (from 1,614 in FY1999 to 2,207 in FY2004). The proportion of students on an IEP for EBD who were on the caseload of the Children's Services program at their local CMHC fluctuated during the report period from a low of 40% in FY2000 to a high of 52% in FY2003. During FY2004, the last year of the report period, 47% of young people on an IEP for EBD were also on the caseload of their local CMHC. Utilization of CMHC programs varied from 35% in Orange to 65% in Addison.

As always, we will appreciate your questions, comments, and suggestions for future analysis of these data to pip@vdh.state.vt.us or 802-863-7249.

Emotional/Behavioral Disability (EBD) is a condition, including schizophrenia, exhibiting one or more of the following characteristics over a long period of time and to a marked degree: Inability to learn that cannot be explained by intellectual, sensory or health factors, inability to build or maintain satisfactory interpersonal relationships with peers and teachers, inappropriate types of behaviors or feelings under normal circumstances, general pervasive mood of unhappiness or depression, or tendency to develop physical symptoms or fears associated with personal or school problems. In order to be eligible for special education, the disability must have an adverse effect on the child's educational performance in one or more of the basic skill areas, the student needs special education services to benefit from his/her educational program, and this support cannot be provided through the educational support system, standard instructional conditions, or supplementary aids and services provided in the school.

Children on an Individualized Education Plan for an Emotional/Behavioral Disorder



Data analysis includes extracts from the Division of Mental Health database submitted by community mental health centers in conformance with contractual requirements, and information from the Department of Education. Since these databases do not share common identifiers, probabilistic population estimation was used to derive the unduplicated number in both.

Children on an Individualized Education Plan for an Emotional/Behavioral Disorder Served by CMHC Children's Services

	FY99			FY 00			FY 01		
	IEP for EBD Total #	# also served by CMHC	% also served by CMHC	IEP for EBD Total #	# also served by CMHC	% also served by CMHC	IEP for EBD Total #	# also served by CMHC	% also served by CMHC
Total	1,614	695.77 ± 20	43% ± 1%	1,670	676 ± 22	40% ± 1%	1,638	755 ± 21	46% ± 1%
Addison - CSAC	77	50 ± 3	65% ± 4%	90	44 ± 4	49% ± 4%	98	60 ± 4	61% ± 4%
Northwest - NCSS	122	41 ± 5	34% ± 4%	168	61 ± 6	36% ± 4%	192	68 ± 7	35% ± 3%
Chittenden - HCHS	383	135 ± 13	35% ± 3%	378	134 ± 13	35% ± 4%	386	201 ± 13	52% ± 3%
Lamoille - LCMH	66	10 ± 2	16% ± 3%	72	10 ± 2	14% ± 3%	62	10 ± 1	15% ± 2%
Southeast - HCRS	231	109 ± 9	47% ± 4%	237	129 ± 9	54% ± 4%	222	112 ± 8	50% ± 4%
Northeast - NKHS	208	109 ± 7	52% ± 3%	175	84 ± 7	48% ± 4%	168	91 ± 6	54% ± 3%
Orange - CMC	117	59 ± 4	50% ± 3%	117	43 ± 5	37% ± 4%	112	37 ± 5	33% ± 4%
Rutland - RMHS	134	50 ± 5	37% ± 4%	154	65 ± 5	42% ± 3%	145	67 ± 5	46% ± 3%
Bennington - UCS	128	46 ± 5	36% ± 4%	137	44 ± 5	32% ± 4%	131	54 ± 5	41% ± 4%
Washington - WCMH	148	43 ± 5	29% ± 3%	142	62 ± 5	44% ± 4%	122	55 ± 5	45% ± 4%

	FY02			FY 03			FY 04		
	IEP for EBD Total #	# also served by CMHC	% also served by CMHC	IEP for EBD Total #	# also served by CMHC	% also served by CMHC	IEP for EBD Total #	# also served by CMHC	% also served by CMHC
Total	1,602	676 ± 22	42% ± 1%	1,873	966 ± 23	52% ± 1%	2,207 ± 17	1,047 ± 32	47% ± 1%
Addison - CSAC	97	52 ± 4	54% ± 4%	85	52 ± 3	62% ± 4%	102 ± 2	66 ± 4	65% ± 4%
Northwest - NCSS	187	57 ± 7	30% ± 3%	212	121 ± 6	57% ± 2%	257 ± 5	121 ± 10	47% ± 4%
Chittenden - HCHS	368	159 ± 14	43% ± 2%	443	254 ± 14	57% ± 2%	528 ± 11	266 ± 20	50% ± 4%
Lamoille - LCMH	41	8 ± 2	20% ± 6%	61	30 ± 3	50% ± 5%	63 ± 1	27 ± 3	42% ± 5%
Southeast - HCRS	212	100 ± 9	47% ± 3%	275	140 ± 11	51% ± 2%	356 ± 7	173 ± 15	49% ± 4%
Northeast - NKHS	185	91 ± 7	49% ± 3%	205	114 ± 7	56% ± 3%	231 ± 5	127 ± 9	55% ± 4%
Orange - CMC	119	43 ± 5	36% ± 4%	128	57 ± 5	45% ± 3%	137 ± 3	47 ± 6	35% ± 4%
Rutland - RMHS	151	57 ± 5	38% ± 3%	189	78 ± 6	41% ± 3%	224 ± 4	92 ± 9	41% ± 4%
Bennington - UCS	119	45 ± 4	38% ± 3%	129	56 ± 5	44% ± 3%	154 ± 3	63 ± 6	41% ± 4%
Washington - WCMH	123	64 ± 5	52% ± 4%	146	63 ± 5	43% ± 3%	157 ± 3	65 ± 7	41% ± 4%

Data analysis includes extracts from the Division of Mental Health database submitted to DMH by community mental health centers in conformance with contractual requirements, and information from the Department of Education. Because these databases do not share common identifiers, probabilistic population estimation was used to determine the unduplicated number of individuals in both data sets.